PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

appropriate All further	correspondence includi- ed below or directed of	no the P	atent advance o	rders and notification of	maintenance fees v	vill be :	mailed to the current	ould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPOND	ny change of address)	Fo	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
VERTEX PHARMACEUTICALS INC. 130 WAVERLY STREET CAMBRIDGE, MA 02139-4242					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
				_				(Depositor's name)
				_		•		(Signature)
				L				(Date)
APPLICATION NO.	FILING DATE			FIRST NAMED INVENTO	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/775,699 02/10/2004 David Bebbington VPI/00-130-07 DIV US 9174 PITLE OF INVENTION: PYRAZOLE COMPOUNDS USEFUL AS PROTEIN KINASE INHIBITORS								9174
		01120			·		•	
APPLN. TYPE	SMALL ENTITY	ISST	UE FEE DUE	PUBLICATION FEE DUI	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1440	\$300	\$0		\$1740	05/22/2008
EXAMINER			ART UNIT	CLASS-SUBCLASS	3			
TRUONG, TAMTHOM NGO 1624				544-324000				
 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE	PRINTED ON	THE PATENT (print or t	ype)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE; (CITY and STATE OR COUNTRY)								
Vertex pharma centicals incorporated Cambridge, MA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Marcorporation or other private group entity Government								
Please check the appropri	iate assignee category or	categori	es (will not be pr	inted on the patent):	☑ Individual ☑ Co	orporation	on or other private gro	up entity 🖵 Government
4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown is sue. Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficie overpayment, to Deposit Account Number 50-0725 (enclose an ex								
	tus (from status indicated			Π				
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in nterest as shown by the records of the United States Patent and Trademark Office.								
Authorized Signature	HALL	t and Tragemark	Onice.	Date	5/	122/08		
Typed or printed name H. Joon Chung			Lung		Registration N	/ [o	\$2,748	
This collection of information application. Confident submitting the completed his form and/or suggestion.	ation is required by 37 Ciality is governed by 35 I application form to the	FR 1.311 U.S.C. 1 USPTO	I. The information 22 and 37 CFR. Time will vary	on is required to obtain or 1.14. This collection is edepending upon the ind	retain a benefit by the stimated to take 12 re ividual case. Any co	he publi ninutes mments	to which is to file (and to complete, including so on the amount of times of the complete of t	by the USPTO to process) g gathering, preparing, and ne you require to complete

uns form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.